INFORMATION IN THIS BLOCK TO BE FILLED IN BY ARRESTING OFFICER

SEND COPY TO:



1101 Camino de Salud, NE, Albuquerque, NM 87102

ARRESTING OFFICER IDENTIFICATION:

Please type or print full information to avoid delay in report.

Chain of Custody for Implied Consent Evidence

1 51		× 20	
04/17/19	15:05	1C-DW1-1904-0	4
Date Received	Time Received	Lab No.	

Agency: LAGINA POULE DEPARTMENT (Complete name of your agency)	Name: MAETAS METED LLOYD  (Last) (First) (Middle)			
Address: Pt Box 194 (Street or Post Office Box number)	PO. BOX 582 Address: NE OJO ENCINO SCHOOL			
LAGUNA NM STOOL (Zip Code)	(Street or Post Office Box number)			
Officer's Name: TOUCHIN, JR. ROBERT (First)	Chra Nm 87013 (City) (State) (Zip Code)			
Arrest Date: 4-16-19 Arrest Time: 16-18 AM XPM	Sec. M Weight: 144 Date of Birth: 1-01-97			
Blood drawn by: HAMPTON HARRY (Last) (First)	SSN: 649 12 07049 Dr. Lic#: 513016751			
Place drawn: UNMHER Date blood drawn: 4-16-19	County: CIBOLA			
Time blood sample drawn: 8:72 AM MPM	REASON SUSPECT STOPPED:			
Blood draw witnessed by: (Signature)	X Accident □ Fatal □ Great Bodily Injury □ Other:			
REMARKS:	☐ Other:			
(Signature of Arresting Officer)	Investigated or Witnessed by (Signature)			
INFORMATION BELOW IS TO BE FILLED IN BY DRAWER OF ANY BLOOD SAMPLE				
On the date, time and place indicated above, I drew blood samples from the above named donor and marked and sealed the samples with the donor's name. The blood was collected using the entire contents of an SLD-approved blood collection kit in accordance with the instructions.  Date: 4-/1-/9itle: 1/2/boton Employer Name:				
LABORATORY RECEIPT				
	ed in person from: 46 123 Galvan			
Received from: Via Mail In Person Other:  Seal Intact: Yes No If No, explain:	Remarks: VIII # 1 States "Marestas Matec". Vial#2 tates "Marestas Mateo".			
	Osignature of Receiving Employee)  CASE NUMBER 19-0813-CSE 19-0813-CSE			

Scientific Laboratory Division 1101 Camino de Salud, N.E. Albuquerque, NM 87102 (505) 383-9000 NPI: 1548488414

Accredited by American Board of,
Forensic Toxicology



ATTN: ROBERT TOUCHIN

AGENCY: Laguna Pueblo Tribal Police

FROM: FORENSIC TOXICOLOGY BUREAU, SCIENTIFIC LABORATORY DIVISION

## MEMORANDUM CONCERNING TOXICOLOGY TESTING

The Toxicology Bureau has performed toxicology analysis on the case below.

RE:

Case Number:

IC-DWI-1904-046

Subject:

METEO MAETAS

Date Received:

4/17/2019

## PLEASE FAX A COPY OF THE POLICE REPORT TO SLD AT 505-383-9088 AS SOON AS POSSIBLE.

Information of particular interest includes driving pattern or behavior, reason for stop, observations or signs of impairment. Providing this information to SLD will allow us to provide improved service in terms of drug detection.

Pursuant to NMSA 1978, Section 66-8-105 (Implied Consent Act) and NMAC 7.33.2.15, samples shall be retained for a period of not less than six months from the date of receipt at SLD.

If any party requires that samples be retained for more than six months, that party must submit a request in writing to SLD.

The written request must specify the name of the donor of the sample, the date of arrest, the county of arrest and, if available, any laboratory identification numbers.

Thank you for your assistance.

If you require an opinion of impairment, please call 505-383-9109.

Scientific Laboratory Division 1101 Camino de Salud, N.E. Albuquerque, NM 87102 (505) 383-9000

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Report of Drug Analysis



SLD Case #:

IC-DWI-1904-046

Submitter: Laguna Pueblo Tribal Police

P.O. Box 194

Laguna, NM 87026

Donor:

METEO MAETAS

P.O. BOX 582

Cuba, NM 87013

**Arresting Officer:** 

ROBERT TOUCHIN

Date of Birth:

7/1/1997

Social Security #:

649120349

Date of Arrest:

4/16/2019

Sample #: Source:

2019901425

Blood, whole

Date Received:

4/17/2019 16:38

The toxicological results for the above sample are listed below:

Method

Ethanol

0.19 g/100 mL

GLC

The measurement of uncertainty is ± 4.8% at a confidence level of 95%.

**Reviewer Signature:** 

**Date of Review:** 

5/11/2019

Gender: Male

**Print Name:** 

Samuel Kleinman, Ph.D.

On this date I mailed a legible copy of this report to the donor and the submitter at the above address.

Laboratory Employee:

**Date Mailed:** 

MAY 1 4 2019

